

<b>SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS OFFEROR TO COMPLETE BLOCKS 12, 17, 23, 24, &amp; 30</b>				1. REQUISITION NO. 534-17-1-2293-0003		Page 1 of 15							
2. CONTRACT NO.		3. AWARD/EFFECTIVE DATE		4. ORDER NO.		5. SOLICITATION NUMBER VA247-17-Q-0015		6. SOLICITATION ISSUE DATE 10-24-2016					
7. FOR SOLICITATION INFORMATION CALL:		a. NAME NOCHELLE ELLIOTT				b. TELEPHONE NO. (No Collect Calls) 843-789-6379		8. OFFER DUE DATE/LOCAL TIME 11-25-2016 1600					
9. ISSUED BY  Department of Veterans Affairs Ralph H. Johnson VA Medical Center 109 Bee Street Charleston SC 29403-5799				CODE		10. THIS ACQUISITION IS  <input type="checkbox"/> SMALL BUSINESS <input type="checkbox"/> HUBZONE SMALL BUSINESS <input checked="" type="checkbox"/> SERVICE-DISABLED VETERAN-OWNED SMALL BUSINESS		<input type="checkbox"/> UNRESTRICTED OR <input checked="" type="checkbox"/> SET ASIDE: 100 % FOR:  <input type="checkbox"/> WOMEN-OWNED SMALL BUSINESS (WOSB) ELIGIBLE UNDER THE WOMEN-OWNED SMALL BUSINESS PROGRAM <input type="checkbox"/> EDWOSB  NAICS: 541611  SIZE STANDARD: 15 Million					
11. DELIVERY FOR FOB DESTINATION UNLESS BLOCK IS MARKED  <input type="checkbox"/> SEE SCHEDULE		12. DISCOUNT TERMS		13a. THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 700) <input type="checkbox"/>		13b. RATING N/A							
15. DELIVER TO  See Delivery Schedule				CODE		14. METHOD OF SOLICITATION <input checked="" type="checkbox"/> RFQ <input type="checkbox"/> IFB <input type="checkbox"/> RFP							
17a. CONTRACTOR/OFFEROR  See Delivery Schedule				CODE		16. ADMINISTERED BY  Department of Veterans Affairs Ralph H. Johnson VA Medical Center 109 Bee Street Charleston SC 29403-5799							
17a. CONTRACTOR/OFFEROR  FMS-VA-2(101) Financial Services Center PO Box 149971 Austin TX 78714-9971				CODE		18a. PAYMENT WILL BE MADE BY  Department of Veterans Affairs FMS-VA-2(101) Financial Services Center PO Box 149971 Austin TX 78714-9971							
TELEPHONE NO. DUNS: DUNS+4:				PHONE: FAX:									
<input type="checkbox"/> 17b. CHECK IF REMITTANCE IS DIFFERENT AND PUT SUCH ADDRESS IN OFFER				18b. SUBMIT INVOICES TO ADDRESS SHOWN IN BLOCK 18a UNLESS BLOCK BELOW IS CHECKED <input type="checkbox"/> SEE ADDENDUM									
19. ITEM NO.		20. SCHEDULE OF SUPPLIES/SERVICES				21. QUANTITY		22. UNIT		23. UNIT PRICE		24. AMOUNT	
		Please see Statement of Work within this RFQ.											
		(Use Reverse and/or Attach Additional Sheets as Necessary)											
25. ACCOUNTING AND APPROPRIATION DATA								26. TOTAL AWARD AMOUNT (For Govt. Use Only)					
<input checked="" type="checkbox"/> 27a. SOLICITATION INCORPORATES BY REFERENCE FAR 52.212-1, 52.212-4. FAR 52.212-3 AND 52.212-5 ARE ATTACHED. ADDENDA								<input type="checkbox"/> ARE <input checked="" type="checkbox"/> ARE NOT ATTACHED.					
<input type="checkbox"/> 27b. CONTRACT/PURCHASE ORDER INCORPORATES BY REFERENCE FAR 52.212-4. FAR 52.212-5 IS ATTACHED. ADDENDA								<input type="checkbox"/> ARE <input type="checkbox"/> ARE NOT ATTACHED					
28. CONTRACTOR IS REQUIRED TO SIGN THIS DOCUMENT AND RETURN COPIES TO ISSUING OFFICE. CONTRACTOR AGREES TO FURNISH AND DELIVER ALL ITEMS SET FORTH OR OTHERWISE IDENTIFIED ABOVE AND ON ANY ADDITIONAL SHEETS SUBJECT TO THE TERMS AND CONDITIONS SPECIFIED						29. AWARD OF CONTRACT: REF. OFFER DATED YOUR OFFER ON SOLICITATION (BLOCK 5), INCLUDING ANY ADDITIONS OR CHANGES WHICH ARE SET FORTH HEREIN IS ACCEPTED AS TO ITEMS:							
30a. SIGNATURE OF OFFEROR/CONTRACTOR						31a. UNITED STATES OF AMERICA (SIGNATURE OF CONTRACTING OFFICER)							
30b. NAME AND TITLE OF SIGNER (TYPE OR PRINT)				30c. DATE SIGNED		31b. NAME OF CONTRACTING OFFICER (TYPE OR PRINT) Nochelle Elliott				31c. DATE SIGNED			

## **CERTIFIED CANCER REGISTRY SERVICES**

### **1. STATEMENT OF WORK**

The Contractor shall provide all necessary staffing and resources needed to properly maintain and provide

**Ralph H. Johnson VAMC, Charleston, SC 29401/VISN 07** Cancer Registry database services in accordance with 100% of the current American College of Surgeons Commission on Cancer Registry standards and Veterans Health Administration (VHA) Cancer Registry requirements. VA reportable list will be shared with the receiving contractor after award. The Contractor shall have current experience managing a Cancer Registry program within the last two years and have recent experience with the American College of Surgeons (ACOS) Commission on Cancer (CoC) Standards in accordance with (IAW) the current Cancer Program Standards: “Ensuring Patient-Centered Care” (2016 Edition and all Commission on Cancer regulatory standards. The duties and responsibilities of the Contractor shall include:

a. **Case-Finding** – The Contractor shall electronically screen and accept all cases into the Cancer Registry database, and shall flag all cases as “**suspense**” with demographics and ensure cases are primary site coded. The Contractor shall be responsible for monthly review of disease indices, pathology reports, Radiology reports, treatment logs, and other computerized methods to identify reportable cancer cases. The Contractor shall be responsible for transcribing and interpreting information from patient records regarding treatment provided to an estimated 800 Ralph H. Johnson VAMC cancer patients annually using the approved Veterans Administration (VA) abstracting software program (currently the VistA Oncotrax). The Contractor shall review and abstract the cancer patient’s medical record on an ongoing basis in compliance with the industry standards of the North American Association of Central Cancer Registries (NAACCR), National Cancer Institute Surveillance, Epidemiology and End Results Program (SEER), World Health Organization International Classification of Diseases for Oncology (ICDC), American Joint Commission on Cancer (AJCC) Staging Manual Criteria, VA Central Cancer Registry (VACCR) Reportable List, American College of Surgeons / Commission on Cancer (ACOS / CoC), and

**Ralph H. Johnson’s VAMC/VISN 07** Cancer Registry criteria. The contractor will be a ***Certified Tumor Registrar (CTR)*** and shall provide certification(s) of current credential status to provide abstracting services. Previous VA experience and OncoTrax experience is preferred, but is not mandatory. The Contractor shall abstract cases within 4-6 months from the time the contractor is given the cases to abstract.

b. **Rejects** – The Contractor shall delete those cases in the database that need to be purged because the case does not meet the requirements for a reportable case.

c. **Case Abstracting and Coding** – Abstracting is defined as coding and entering patient and disease specific information into the Veterans Administration Vista Cancer Registry database or other databases as identified within this statement of work, e.g. the Rapid Quality Reporting System (RQRS database). The Contractor shall utilize approved codes as indicated, i.e. ICD-O, ICD-9-CM, ICD-10-CM, etc. as appropriate. The Contractor shall abstract oncology cases with 100% accuracy and shall ensure that all Commission on Cancer requirements/standards are met. The Contractor shall ensure that all cases are cleared (within pre-established timeframes) in terms of passing all edits required by the VA Central Cancer Registry or by the American College of Surgeons Commission on Cancer, e.g. .National Cancer

Database edits, Vista Oncology package edits, Gen-edits, Program edits, etc. Contractor is responsible to transcribe and interpret information from patient records regarding treatment provided to new cancer patients annually using the approved Veterans Administration (VA) abstracting software program (currently the VistA Oncotrax). The Contractor shall review and abstract the cancer patient's medical record on an ongoing basis in compliance with the industry standards of the North American Association of Central Cancer Registries (NAACCR), National Cancer Institute Surveillance, Epidemiology and End Results Program (SEER), World Health Organization International Classification of Diseases for Oncology (ICDC), American Joint Commission on Cancer (AJCC) Staging Manual Criteria, VA Central Cancer Registry (VACCR) Reportable List and the American College of Surgeons / Commission on Cancer (ACOS / CoC). The contractor will be a Certified Tumor Registrar (CTR), and **produce and provide proof of current credential status**, to provide abstracting services. The Contractor shall abstract cases within 4-6 months of the cancer diagnosis.

d. **Follow-up** – The Contractor shall complete data entry to include all required Commission on Cancer Registry fields, including but not limited to text, recurrence, treatment and required death information fields. The Contractor shall be responsible for tracking the care all patients receive in accordance with the current standard being until the cancer survivor reaches the age of 100 years and following their cancer diagnosis at VISN 01 VAMCs and at all other health care institutions. The Contractor shall provide the Cancer Registry function of follow-up as described in the Standards of the American College of Surgeon's Commission on Cancer (ACOS CoC) Facility Oncology Registry Data Standards (FORDS). These functions shall include computer input, data review and report generation tailored to the needs of the VA as described herein. The Contractor shall provide follow-up of living cancer patients in compliance with accepted industry standards, posting information on recurrence, subsequent therapy, date of last contact, vital status, cancer status, any comments supporting the findings. The Contractor shall include outcome data when applicable. The Contractor shall maintain follow-up at a minimum of 90% on all patients in the registry data base, this is required to use registry data for survival (outcome) analysis, which is industry standard. Cases are delinquent (lost) if the follow-up interval exceeds 15 months. The Contractor shall provide a list of patient's completed follow-up along with the Contractor's monthly invoice.

e. **National Cancer Database (NCDB):** The Contractor shall conform to all ACOS Commission on Cancer requirements relating to the National Cancer Database (NCDB), including timely accurate submissions; timely accurate resubmissions; correcting edits; and monitoring CoC Flash newsletters to ensure compliance with all Cancer Registry and related deadlines, etc. Cancer Registry data submitted by the Contractor to the NCDB shall meet the established quality criteria 100% of the time, as outlined in the NCDB Call for Data. Annually, cases submitted by the Contractor to the National Cancer Data Base (NCDB) that were diagnosed on January 1, 2003 or later meet the established quality criteria and resubmission deadlines as specified in the annual Call for Data.

f. **Rapid Quality Reporting System** - The Contractor shall monitor the quality of the Cancer Registry data. The Contractor shall monitor the facility's performance based on the CoC performance indicators, using the CoC reporting tools for the Rapid Quality Reporting System (RQRS). The Contractor shall keep the Program Manager, the Cancer Liaison Physician, and the Chair of the Cancer Program Committee and the Cancer Program Coordinator advised of the performance status as requested by the above mentioned staff, and no less than once monthly. (RQRS is a real time data collection program to assess hospital-level performance using National Quality Forum (NQF) endorsed quality of cancer measures).

**g. Quality Assurance Surveillance Plan (QASP)** – The Contractor shall provide quality work, complete work, and accuracy as evidenced by meeting Commission on Cancer, National Cancer Data Base, National Cancer Registrars Association (NCRA) and VA Central Cancer Registry standards and requirements. The Contractor shall perform a 100% quality assurance review on all newly abstracted cases for compliance noting any deficiencies or non-deficiencies. The Contractor shall forward a list to the Program Manager via e-mail monthly noting any deficiencies or non-deficiencies. The Contractor shall institute a Cancer Registry Quality Assurance Surveillance Plan/Program to evaluate the quality of 100% of their staff's Cancer Registry data and 100% of their staff's Cancer Registry activities done on behalf of **Ralph H. Johnson VAMC, Charleston, SC/VISN 07**. The Contractors' quality assurance plan shall do the following:

1. Set the review criteria
2. Set the quality control timetable
3. Specify the quality control methods, sources, and individuals involved

Required activities:

- Random sampling of annual analytic caseload

Identify the activities to be evaluated:

QASP required activities:

- Case finding
- Abstracting timeliness
- Accuracy of abstracted data
- Class of Case
- Primary Site
- Histology
- AJCC Stage
- Collaborative Stage
- First Course of Treatment
- Follow-up information, including Date of First Recurrence, Type of First Recurrence, and Cancer Status
- The percentage of information coded as unknown (usually coded as 9 or a string of 9s)
- NCDB data submission, correction of data errors, and resubmission of corrected data. Required accuracy – 100%
- Cancer Registry data submitted to the NCDB meet the established quality criteria included in the annual NCDB

**\*\*All other standards as outlined in the most current edition of the ACOS Commission on Cancer manual are met or exceeded. The Contractor shall conduct monitoring at least once monthly and shall send their Quality Assurance Surveillance Plan (QASP) report findings to the Program Manager and the Cancer Program Committee Chair monthly, at a minimum.**

The QASP report findings should also include the Contractor's process for conducting monthly random case-finding audits, and include a sample of the audit findings to demonstrate that all eligible analytical cases are reviewed and processed. The Contractor shall send report findings back to the facility's Program

Manager monthly, and upon request, as applicable. Monthly abstracting quality control audit checks shall be performed on 100% of cases abstracted by the Contractor's staff to ensure abstracts are 100% edit and error free prior to invoicing. Reports shall reflect the Contractor's process for error corrections for all tasks performed by the Contractor's staff and all tasks as required by the American College of Surgeons-Commission on Cancer for full accreditation; all errors identified either by the Contractor or by the facility's Government representative within one business week. The Contractor shall monitor each area of Cancer Registry activity and shall ensure all duties performed e.g. case finding, accessioning, follow up, edit corrections, data submissions, abstracting, etc. (i.e. all Cancer Registry tasks required by the American College of Surgeons-Commission on Cancer) are performed by a Certified Cancer Registrar. The Contractor shall provide written reports at least once monthly and upon request to the applicable COR and/or Program Manager and take corrective action on any areas that fall below the measures specified in the QASP.

Deliverables:

The Contractor performance shall be evaluated and deductions applied if performance is found deficient as per Quality Assurance Surveillance Plan (QASP), as follows as required to maintain data and performance quality.

**h. Education/CTR Certification:** The contractor shall show proof that those providing abstracting services are Certified Tumor Registrars through the National Cancer Registrars Association. Contractor personnel functioning under this contract shall be certified by the National Cancer Registrars Association. The Contractor shall verify its personnel's current certification status with the National Cancer Registrars Association and shall provide evidence of certification with their proposal submission. Ongoing cancer related education enhances knowledge and skills. All Contractor Cancer Registry staff that performs case abstracting must:

**Hold a current Certified Tumor Registrar (CTR) credential. The CTR credential is granted through the National Cancer Registrars Association, which provides details on eligibility, testing, and recredentialing.**

High-quality Cancer Registry data is essential to accurately assess treatment outcomes and patient survival. Successful operation of the Cancer Registry requires credentialed staff that are trained and knowledgeable in all aspects of oncology data collection and case abstracting. Abstracting is defined as coding and entering patient- and disease specific information into the Cancer Registry data base. Certified Tumor Registrars apply knowledge obtained from formal education and work experience to correctly interpret and code cancer diagnosis and stage treatment and outcomes information for each case that is seen at **Ralph H. Johnson's VAMC/VISN 07** that meets CoC reporting requirements. The case abstracting responsibilities of the CTR are documented by the Contractor.

In addition, the Contractor shall provide documentation upon request and annually that all members of their Cancer Registry staff are maintaining their CTR status; this requires 20 CEUs every 2 years and as in accordance with industry standards. Per the Commission on Cancer Standards, full-time and part-time registry staff for whom annual education is required are:

- CTR staff
- Contract CTR staff who are contracted to work for 3 or more consecutive months during the calendar year, regardless of the number of hours worked
- Management or supervisory personnel

This education could include topics in the following areas:

- Advances in cancer diagnosis and treatment
- Changes in cancer program standards
- Changes in data collection requirements

Educational activities that can be used to fulfill the standard include, but are not limited to, the following:

- A cancer-related lecture offered by the program (local activity)
- A face-to-face meeting or workshop
- Local—involves 1 program or facilities located in 1 city (local activity)
- State—involves 1 state (state activity)
- Regional—involves more than one state organization working collaboratively to develop the workshop.

Agendas and meeting notices indicate the collaborative effort (regional activity)

- National—is sponsored by a national organization and targeted to a national audience (national meeting)
- A video conference (local activity)
- A webinar (local activity)
- A Web-based training module (local activity)
- Journal-based articles that offer continuing education credits (local activity)

Educational activities exclude patient management cancer conferences in any format. National organizations that sponsor national meetings include:

- American Health Information Management Association (cancer-related educational activities)
- Association of Community Cancer Centers
- Commission on Cancer
- National Cancer Registrars Association
- National Comprehensive Cancer Network
- North American Association of Central Cancer Registries

i. **Policy and Procedure Manual** - The Contractor shall maintain current Cancer Registry policies and procedures in compliance with CoC, NCDB and VACCR standards, and submit them to the Program Manager at **Ralph H. Johnson's VAMC/VISN 07** annually (or upon request) for review. The Contractor's Cancer Registry policy and procedure manual must be specific to **Ralph H. Johnson's VAMC/VISN 07** VAMC and specifying current CoC data definitions and coding instructions used to describe all reportable cases. The Contractor shall use the data standards defined by the CoC appropriate for the year of diagnosis for any specific case. The Contractor's Cancer registrars shall be required to comply with additional mandates pertaining to case and data reporting as established by the Veterans Administration, federal or state government or by the applicable VISN 01 VAMC cancer committee.

The Cancer Registry policy and procedure manual includes:

- Abstracting
- American Joint Committee on Cancer (AJCC) and Collaborative Stage staging policies
- Cancer Registry reference date

- Case eligibility
- Case finding
- Case accessions
- Confidentiality and release of information
- Computer operations
- Dates of implementation or changes in policies for registry operations
- Disaster recovery policy
- Documentation of first course of treatment
- Follow-up
- History of the registry for the program or health system (which may include facility mergers, network formation, facility name changes, vendor information, and identification of previous staff)
- Job descriptions
- Maintaining and using the suspense system
- NCDB reporting requirements and mechanisms
- Operational requirements for facility based cancer registries
- Policy for CoC SAR documentation
- Quality control of registry data
- Registry purpose
- Request log
- Required coding manuals
- Retention of documents
- State registry reporting requirements and mechanisms

For the Policy and Procedure Cancer Registry manual, the Contractor provides a table of contents in accordance to Commission on Cancer standards.

**j. Outcome Studies / Special Studies:** The Contractor shall provide Cancer Registry data for outcome studies / special studies, and assisting with preparation of the reports. The Contractor shall provide outcome studies / special studies for the medical staff, Cancer Committee, Cancer Conference / Tumor Board, Veterans Administration Central Cancer Registry (VACCR), and quality management upon request. The Contractor shall compare the data to the national data to determine effectiveness of treatment, programs and survival. The contractor shall also provide patient care evaluation studies for the annual cancer program report.

**k. Corrections:** The Contractor shall correct any mistakes in the registry cases made by them. This includes any data corrections as a result of edit error reports received from the NCDB or VACCR or records rejected because they lack supporting English text and/or have missing data elements. The Contractor shall correct all inconsistencies found through any quality assurance review within 1 month (or sooner if it impacts adversely on accreditation of the cancer program) of submission of inconsistencies, errors, warnings, or any other data quality problems.

**l. Other** At the time Ralph H. Johnson's VAMC/VISN 07 is preparing for reaccreditation through the American College of Surgeons Commission on Cancer Registry, the Contractor shall assist **Ralph H. Johnson's VAMC/VISN 07** to obtain and maintain accreditation. This will ensure that requirements and initiatives are implemented and met; this includes ensuring all Rapid Quality Reporting System (RQRS)

requirements are met and includes developing a Cancer Registry policy and procedure manual which meets the current Commission on Cancer Standards. If abstracts are inadvertently re-opened after being in the completed status (e.g. when Vista Oncotrax patches are put in for example), the Contractor shall maintain thorough documentation as to the reason the case reopened on 100% of the cases entered into by the Contractor, and shall resolve the issue within one working day and shall re-close the case and send the documentation to the COR or designee monthly with the monthly invoice (this documentation may be reviewed by the ACOS Surveyor during the accreditation process). The Contractor may be asked to speak directly to an ACOS Cancer Program Surveyor; if requested, the Contractor shall speak with the ACOS Surveyor. The Contractor shall be responsible for preparing Cancer Registry reports for the Cancer Committee which meets 4-6 times a year at **Ralph H. Johnson's VAMC/VISN 07**. The Contractor shall prepare reports on TNM staging completion, timeliness of abstracting, follow-up, and quality improvement of the Cancer Registry services. The Contractor shall bear all of the costs of reports prepared for Cancer Committee meetings.

m. **ACoS / Commission on Cancer Approval:** The Contractor shall be responsible for coordinating the Cancer Registry portion of the Commission on Cancer / American College of Surgeons surveys in collaboration with the facility Program Manager/Cancer Program Coordinator and facility Tumor Registrar and facility Cancer Program Administrator/Cancer Program Committee Chair and/or Cancer Physician Liaison; for assisting with preparation of the survey; and updating the Survey Application Record in collaboration with the assigned **Ralph H. Johnson's VAMC/VISN 07** representatives. The Contractor shall ensure that **Ralph H. Johnson's VAMC/VISN 07** meets the standards of the American College of Surgeons Commission on Cancer Registry standards. The Contractor and the Cancer Program Coordinator/Cancer Program Committee Chair share responsibility for the survey by the ACoS. The Contractor shall also provide phone consultation about Cancer Registry issues to **Ralph H. Johnson's VAMC/VISN 07** upon request during normal working hours, Mondays through Fridays, 8:00am - 4:30pm, Eastern Standard Time.

n. **Reporting Cancer Data / Transmission of Data:** The Contractor shall be responsible for transmitting required submissions / resubmissions to the VA Center Cancer Registry (VACCR) and the National Cancer Data Base (NCDB) within prescribed timeframes; shall requests/maintain the required software for the transmissions; shall submit/and complete accurate reports, and make corrections, as required. The Contractor shall demonstrate knowledge of the VACCR and NCDB reporting requirements, complete required privacy reports and submit them to the privacy officer in collaboration with **Ralph H. Johnson's VAMC/VISN 07** Cancer Registry contact.

o. **Continuing Education / Competency:** The Contractor shall show proof of attendance at recent continuing education activities including state Cancer Registry trainings and Cancer Registry association education meetings. The Contractor shall maintain competency/training folders and to be made available upon request by **Ralph H. Johnson's VAMC/VISN 07** staff. If the Program Manager has a concern about competency, the Contractor staff may be requested to take the NCRA Cancer Registrar Employment Screening at the contractor's cost (see:<http://www.ncra-usa.org>, under the tab Certification Verification, to evaluate competency), or the Program Manager may request a VA CTR review a specified number of abstracts to evaluate competency and ensure required elements are being properly completed. If the National VA Central Cancer Registrar and/or other Quality Assurance reviewer's documents continue to be processed with uncorrected errors and quality control deficiencies from the Contractor continue uncorrected, this shall be considered adequate basis and documentation to terminate the contract as a result of non-adherence to contractually required quality control standards.



p. **VA-Specific / Privacy Training** - The contractor will complete the VHA Privacy Policy Training and Cyber Security training and any other mandated training is at no cost to the government.

q. **Computerized Patient Record System (CPRS) in VISTA.** VA will provide contractor with electronic access to CPRS for use by the Certified Tumor Registrars. Contractor employees are responsible to access the system a minimum of once every ninety (90) days. Failure to access VA system at least once every ninety (90) days will result in the contractor's employees being locked out of the VA system. If necessary, VA will provide Contractor with remote access to the Computerized Patient Record System (CPRS) in VISTA. It is expected that electronic access will be done monthly by Contractor's abstracting personnel. There are going to be times (such as survey prep) that the contractor and or contractor abstracting personnel may or will need to be onsite, at such times transportation and lodging shall be the responsibility of the Contractor, to perform the abstracting functions and/or from remotelocations by computer modem and shall comply with the VA standard of case completion of four to six (6) months after date of diagnosis. A list of cases completed shall be provided to the Contracting Officer's Representative (COR) along with monthly invoices submitted. Abstracting shall encompass the full and complete data set (required, optional and supplemental fields) to present a complete patient summary in the VistA Oncotrax package. Text field shall be utilized to document finds on Physical Exam, Scans, Scopes, Labs, Diagnostic OPS and Pathology. Collaborative Stage and American Joint Committee on Cancer, Topography, Nodes, Metastatic (TNM) staging shall be performed on all cases meeting the criteria as established by SEER and the American Joint commission on Cancer, latest Manual for the Staging of Cancer, in conjunction with accepted principles. All required abstract fields must be completed with 100% accuracy.

r. **Security** Applicable staff background information checks and VA systems training and certifications will be required before system access is granted by the Veterans Service Center (VSC) and the local facility Information Security Officer (ISO) prior to commencement of work.

s. **VistA Oncotrax System** Applicable system software functionality training will be provided by **Ralph H. Johnson's VAMC/VISN 07** registry staff or by the VISN CTR Lead, if required. Prior to commencement of work the Contractor and Contractor staff shall have a working knowledge and competencies required for effective utilization of the VA abstracting software programs and computer hardware. Work will begin within 30-60 days from date of contract award.

## **2. CONTRACTORS RESPONSIBILITIES**

Contractor will be responsible for completing and providing all Background Investigation documentation, Information Security, Rules of Behavior, Privacy Training, and completing the **Ralph H. Johnson's VAMC/VISN 07** VPN requests for computer access for **Ralph H. Johnson's VAMC/VISN 07** assigned contractor personnel.

## **3. NATIONAL HOLIDAYS**

The 11 holidays observed by the federal Government, i.e., New Year's Day, Martin Luther King's Birthday, President's Day, Memorial Day, Independence Day, Labor Day, Columbus Day, Veterans Day, Thanksgiving, and Christmas, and any other days specifically declared by the President of the United States to be Federal holiday(s). There is no expectation that the contractor will work during these recognized Holidays.

#### **4. INFORMATION MANAGEMENT**

Documentation and record keeping shall be in accordance with VAMC/VHA policies and procedures. All timeframes required by applicable **Ralph H. Johnson's VAMC/VISN 07** policies and procedures for documentation and authentication in the electronic medical record shall be adhered to. Strict adherence to all documentation shall be maintained.

#### **5. CONTRACTOR PERSONNEL SECURITY REQUIREMENTS**

All contractor employees who require access to the Department of Veterans Affairs' computer systems shall be the subject of a background investigation and must receive a favorable adjudication from the VA Office of Security and Law Enforcement prior to contract performance. This requirement is applicable to all subcontractor personnel requiring the same access. If the investigation is not completed prior to the start date of the contract, the contractor will be responsible for the actions of those individuals they provide to perform work for VA, until the time such investigation is completed and VA has accepted the proposed individual.

- a. Position Sensitivity – The position sensitivity has been designated as: Moderate Risk.
- b. Background Investigation – The level of background investigation commensurate with the required level of access is National Agency Check with Written Inquiries.
- c. Contractor Responsibilities-The contractor shall bear the expense of obtaining background investigations. If the investigation is conducted by the Office of Personnel Management (OPM), the contractor shall reimburse VA within 30 days of receipt of VA Bill of Collection.
- d. The contractor shall prescreen all personnel requiring access to the computer systems to ensure they are a U.S. citizen or maintain an appropriate visa and are able to read, write, speak and understand the English language.
- e. The contractor shall submit or have their employees submit the following required forms to the VA Office of Security and Law Enforcement within 30 days of receipt:
  - Standard Form 85P, Questionnaire for Public Trust Positions
  - Standard Form 85P-S, Supplemental Questionnaire for Selected Positions
  - FD 258, U.S. Department of Justice Fingerprint Applicant Chart
  - VA Form 0710, Authority for Release of Information Form
  - Optional Form 306, Declaration for Federal Employment
  - Optional Form 612, Optional Application for Federal Employment
- f. The contractor, when notified of an unfavorable determination by the Government, shall withdraw the employee from consideration from working under the contract.
- g. Failure to comply with the contractor personnel security requirements may result in termination of the contract for default.

h. Procedures for Background Security Investigations:

i. The Contracting Officer will obtain a list of employees proposed to work under the contract from the Contractor. This list must include the following information:

Individuals Name

SSN #

DOB, and

Contractor's address (versus individual's address to facilitate receipt of paperwork)

**PRICE/COST SCHEDULE (BASE YEAR + 4 OPTION YRS)**

**BASE YEAR: DECEMBER 1, 2016 through NOVEMBER 30, 2017**

<b>ITEM ID#</b>	<b>DESCRIPTION</b>	<b>UNIT</b>	<b>EST QTY</b>	<b>UNIT PRICE</b>	<b>EST TOTAL</b>
0001	Case Abstracts	EA	880	\$	\$
0002	Casefinding/Suspense	EA	2625	\$	\$
0003	Follow-up Cases	EA	1681	\$	\$
	<b>BASE YEAR TOTAL</b>				\$

## Certified Tumor Registry Services

### b. OPTION YEAR 1: DECEMBER 1, 2017 through NOVEMBER 30, 2018

ITEM ID#	DESCRIPTION	UNIT	EST QTY	UNIT PRICE	EST TOTAL
1001	Case Abstracts	EA	600	\$	\$
1002	Casefinding/Suspense	EA	2000	\$	\$
1003	Follow-up Cases	EA	3280	\$	\$
1004	Rapid Quality Reporting System (RQRS)	EA	128	\$	\$
	<b>OPTION YEAR 1 TOTAL</b>				\$

### c. OPTION YEAR 2: DECEMBER 1, 2018 through NOVEMBER 30, 2019

ITEM ID#	DESCRIPTION	UNIT	EST QTY	UNIT PRICE	EST TOTAL
2001	Case Abstracts	EA	600	\$	\$
2002	Casefinding/Suspense	EA	2000	\$	\$
2003	Follow-up Cases	EA	3280	\$	\$
2004	Rapid Quality Reporting System (RQRS)	EA	128	\$	\$
	<b>OPTION YEAR 2 TOTAL</b>				\$

# **Certified Tumor Registry Services**

## **d. OPTION YEAR 3: DECEMBER 1, 2019 through NOVEMBER 30, 2020**

<b>ITEM ID#</b>	<b>DESCRIPTION</b>	<b>UNIT</b>	<b>EST QTY</b>	<b>UNIT PRICE</b>	<b>EST TOTAL</b>
3001	Case Abstracts	EA	600	\$	\$
3002	Casefinding/Suspense	HR	2000	\$	\$
3003	Follow-up Cases	EA	3280	\$	\$
3004	Rapid Quality Reporting System (RQRS)	EA	128	\$	\$
	<b>OPTION YEAR 3 TOTAL</b>				\$

## **e. OPTION YEAR 4: DECEMBER 1, 2020 through NOVEMBER 30, 2021**

<b>ITEM ID#</b>	<b>DESCRIPTION</b>	<b>UNIT</b>	<b>EST QTY</b>	<b>UNIT PRICE</b>	<b>EST TOTAL</b>
4001	Case Abstracts	EA	600	\$	\$
4002	Casefinding/Suspense	HR	2000	\$	\$
4003	Follow-up Cases	EA	3280	\$	\$
4004	RQRS (Rapid Quality Reporting System)	EA	128	\$	\$
	<b>OPTION YEAR 4 TOTAL</b>				\$

**ESTIMATED CONTRACT TOTAL BASE + FOUR OPTION PERIODS: \$**

## Certified Tumor Registry Services

### A.2 CONTRACT ADMINISTRATION DATA

(continuation from Standard Form 1449, block 18A.)

1. Contract Administration: All contract administration matters will be handled by the following individuals:

a. CONTRACTOR:

b. GOVERNMENT: Contracting Officer: NOCHELLE ELLIOTT [nochelle.elliott@va.gov](mailto:nochelle.elliott@va.gov)

Department of Veterans Affairs

Ralph H. Johnson VA Medical Center

109 Bee Street

Charleston SC 29403-5799

2. CONTRACTOR REMITTANCE ADDRESS: All payments by the Government to the contractor will be made in accordance with:

☒ 52.232-34, Payment by Electronic Funds Transfer—Other Than System For Award Management, or

☐ 52.232-36, Payment by Third Party

3. INVOICES: Invoices shall be submitted in arrears:

a. Quarterly ☐

b. Semi-Annually ☐

c. Other ☒ UPON CERTIFIED INVOICE.

4. GOVERNMENT INVOICE ADDRESS: All Invoices from the contractor shall be submitted electronically in accordance with VAAR Clause 852.232-72 Electronic Submission of Payment Requests.

Department of Veterans Affairs

FMS-VA-2(101)

Financial Services Center

PO Box 149971

Austin TX 78714-9971

## Certified Tumor Registry Services

ACKNOWLEDGMENT OF AMENDMENTS: The offeror acknowledges receipt of amendments to the Solicitation numbered and dated as follows:

AMENDMENT NO	DATE

## SECTION D - CONTRACT DOCUMENTS, EXHIBITS, OR ATTACHMENTS

### QUALITY ASSURANCE SURVEILLANCE PLAN

See attached document: Quality Assurance Surveillance Plan (QASP) for CTR Services.